MECKLENBURG COUNTY

COMMUNITY SUPPORT SERVICES

ANNUAL

PERFORMANCE IMPROVEMENT

PROGRAM EVALUATION

Assessment of Fiscal Year 2016

INTRODUCTION

Substance Use Services became a component of Community Support Services (CSS) July 1, 2015. Prior to that, the services reported in this document were a part of The Provided Services Organization (PSO), a Mecklenburg County Department from July 1, 2012, to September 2, 2015. On October 7, 2014 the County Manager announced plans to divest some substance use services and reorganize others within the County. The substance use treatment programs were redistributed as follows: the jail and shelter programs began operating under the Community Support Services Department as of July 1, 2015 and the detox and residential programs were contracted out to The Anuvia Prevention and Recovery Center, a local non-profit provider effective September 2, 2015.

In the 1990's AMH operated a number of programs including a free-standing psychiatric hospital. AMH partnered with other providers in the area; with AMH continuing to provide case management services for children, adolescents and adults, substance abuse services, developmental disabilities, and some mental health programs. The NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services announced a plan for Mental Health Reform in 2001. In compliance with this plan, Mecklenburg County divested more services over the next three years. Two distinct business lines were developed. As outlined in the Reform Plan, AMH restructured operations to create a Local Management Entity (LME) which was responsible for managing a network of providers, conducting utilization management, and other activities delegated by the NC Department of Health and Human Services. A second business line of provided services continued. With permission from the NC DHHS Secretary, Mecklenburg County operated a number of programs for Mecklenburg County residents with the greatest needs and least financial resources. Those programs comprised the Provided Services Organization (PSO). This report includes performance improvement information regarding the CSS Substance Use Services programs that were accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) first October 2008, August 2011, and again October 2014.

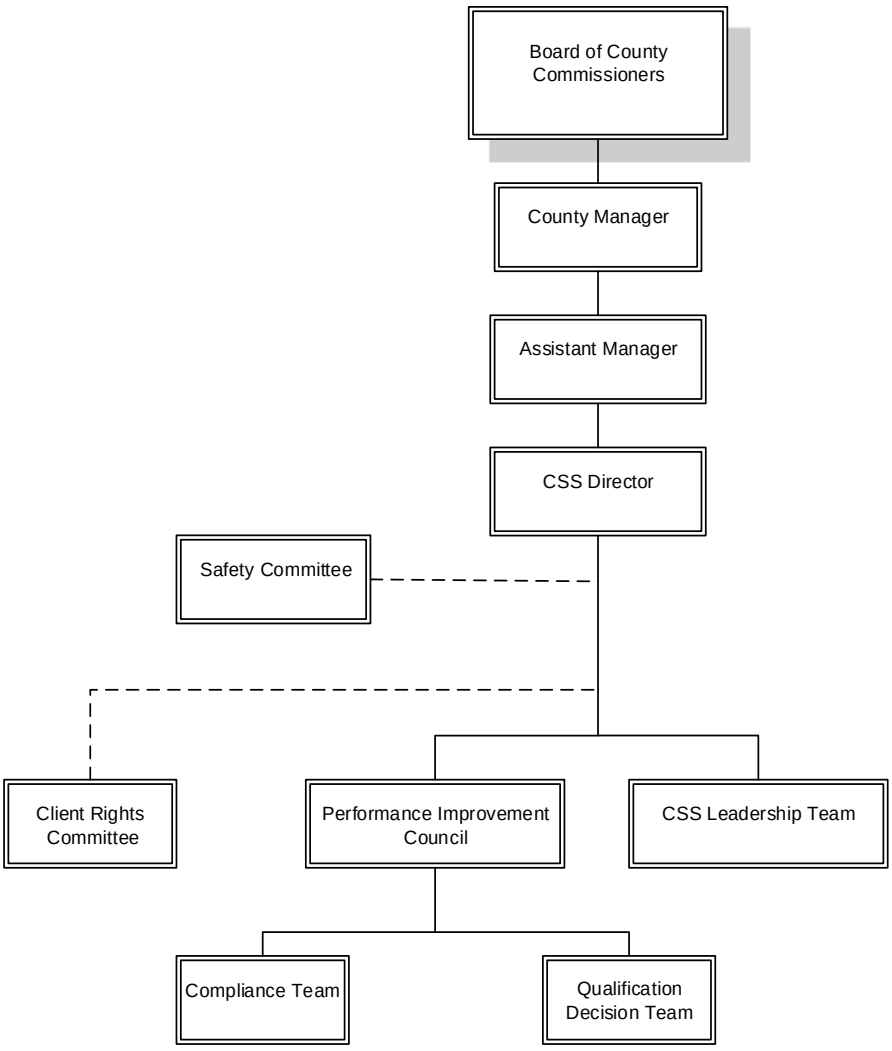
CSS conducts an ongoing Performance Improvement (PI) program and an annual evaluation of the PI Program to measure progress, highlight the activities that resulted in meaningful improvement and identify activities that need ongoing attention. The assessment looks at the fiscal year twelve-month period (July through June) and summarizes progress toward meeting performance goals.

CSS Sr. Quality & Training Specialist Ginger Little, QP prepared the FY16 Performance Improvement Program Evaluation. The evaluation was reviewed and approved by the Community Support Services Performance Improvement Council (PIC) on October 24, 2016. The findings are provided below.

This Performance Improvement Program Evaluation reflects the continuing commitment of CSS to quality care. The evaluation includes a review of completed and ongoing quality activities, trended data, and an assessment of barriers to improved performance when performance goals are not met. Conclusions about the overall effectiveness of the program, including assessments of the adequacy of resources and the appropriateness of committee structure, are integrated into the program evaluation.

COMMITTEE STRUCTURE AND EFFECTIVENESS

In 2005, a Performance Improvement Council structure was initiated to support the development, implementation, and evaluation of the PI Program. When a portion of the substance use services was absorbed by CSS in July of 2015, the structure as noted below was adjusted from previous years. The same PI activities occur, but due to a smaller QI staff, these activities have been collapsed into fewer committees. The Mecklenburg County Board of County Commissioners serves as the governing body for the agency and is ultimately responsible for oversight of the PI Program. A copy of the CSS Committee organizational chart is below.



The PIC solicits input from its many subcommittees to identify issues, suggest strategies for improvement, and to implement activities. The CSS's Client Rights Committee, a consumer-led group, advises CSS on Performance Improvement (PI) activities including customer satisfaction, accessibility, incident management, complaint management and readability and usefulness of the department's website and some CSS publications.

This section of the PI evaluation examines the effectiveness of services provided.

Table 1. Effectiveness of Consumer Services

Program	Measurement	Target	FY14	FY15	FY16
Day Tx -SA Program at Jail Central	# program grads returning to jail w/in 12 months of release (decreasing measure)	<55%	41%	46%	48%
Day Tx-SA Program Men's Shelter	% Successfully Completing Program during the entire month	≥60%	*42%	*47%	*49
Day Tx-SA Program Women's Shelter	% Successfully Completing Program during the entire month	≥60%	*54%	*50%	*52

* Target not met.

Analysis of Performance:

In FY16, the Day Treatment - Men's Shelter SA Program and the Day Treatment- Women's Shelter SA Program did not meet the effectiveness measure of program completion; however, there was a slight increase in successful completions. Because Day Treatment is provided at the homeless shelters and only to those consumers that actually live on-site, the programs have little to no control over how many consumers are referred for services, complete treatment, or continue to live at the shelters. Housing, rather than treatment is the reason our consumers are at the shelter. Obviously, since the base portions of Maslow's Hierarchy of Needs is a priority for the majority of our consumers, the need for housing comes before treatment. In addition to other reasons, once housing is obtained, consumers leave the Shelter and are discharged from our Shelter Program before treatment is completed.

What also comes into play is that if a consumer breaks a shelter rule and is discharged they are automatically discharged from treatment and cannot complete the program. Shelter staff members do what they can to work with the shelter's leadership but, because we are a "guest in their house", they make the final decision on who stays or who goes.

In May of 2014 Mecklenburg County initiated a single portal Coordinated Assessment process. This has slowed the flow of consumers to the shelter programs.

Table 1.1 Effectiveness of Consumer Services –Plans for FY16

Program	Measurement	Target	FY15	Action Plans
Day Tx-Substance Use Program Men's Shelter	Successfully Completing Program during the entire month	60%	49%	Program Leadership continues to work with leadership of Shelter to increase the likelihood that consumers will stay with the program on a contiguous basis. Leadership is also optimistic regarding meeting the goal of fully staffing the program early in the year. CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless. Leadership is also considering re-defining "Successful Completion"
Day Tx-Substance Use Program Women's Shelter	Successfully Completing Program during the entire month	60%	52%	Program Leadership continues to work with leadership of Shelter to increase the likelihood that consumers will stay with the program on a contiguous basis. Leadership is also optimistic regarding meeting the goal of fully staffing the program early in the year. CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless. Leadership is also considering re-defining "Successful Completion"

This section of the PI evaluation examines the efficiency of services provided.

Table 2. Efficiency of Consumer Services

Program	Measurement	Target	Actual FY14	Actual FY15	Actual FY16
Day Tx -SA Program in Jail	% occupancy	≥95%	*79%	*87%	*91
Day Tx-SA Program Men's Shelter	% occupancy	≥75%	*66%	*65%	*61
Day Tx-SA Program Women's Shelter	% occupancy	≥75%	*40%	*48%	*48

* Target not met.

Analysis of Performance:

In FY16, the Jail Central Substance Abuse Treatment Program did not meet the efficiency measure of occupancy; however, it did improve from last year. Several factors continue to contribute to not meeting our occupancy goal for the Jail Men's and Women's Substance Abuse programs this year. They include: refusal of inmates to remain in the program, transition of County Sheriff's Office (MCSO) Program Officers, frequent removal of consumers from the program by the criminal justice system, and staffing shortages. The increase from last year is probably due to the bed spaces were reduced from 56 to 48 in the male pod, and from 20 to 14 in the female pod.

Upcoming improvements include better training for new MCSO Detention Officers to maintain the therapeutic POD and we continue to seek opportunities for collaboration with MCSO Jail Program Staff to provide incentives for inmates to remain in the program

In FY16, the Day Tx-SA Program at the Men's' Shelter did not meet the efficiency measure of occupancy. Program Leadership continues to work with leadership of Shelter to increase the likelihood that consumers will stay with the program on a contiguous basis. Leadership is also optimistic regarding meeting the goal of maintaining full staffing of the program throughout the year.

In FY16, the Day Tx-SA Program at the Women's' Shelter did not meet the efficiency measure of occupancy. Each winter the policy of the Women's Shelter is that women with young children are priority for placement at the shelter main site while women with no children are referred to alternate shelter beds at

churches. This decreases referrals to the Shelter Program due to the limited availability of child care and more appropriate referral to other providers such as CASCADE.

Also, during the year, the number of appropriate referrals from the Women's Shelter declined as those in the shelter did not meet dependency diagnosis guidelines.

Table 2.1 Efficiency of Consumer Services-Plans for FY16

Program	Measurement	Target	Actual FY 2015	Action Plans
Day Tx-SA Program in Jail	% occupancy	95%	91%	The program will work with Sheriff's Office staff to include better training for MCSO Detention officers to maintain the therapeutic POD, seek incentives for inmates to remain in the program, and return to staffing goals.
Day Tx-SA Program Men's Shelter	% occupancy	75%	61%	Program Leadership continues to work with leadership of Shelter to increase the likelihood that consumers will stay with the program on a contiguous basis. Leadership is also optimistic regarding meeting the goal of fully staffing the program early in the year. Shelter management has changed, and it is hopeful communication between CSS Leadership and new Shelter management will formulate ideas to increase SU enrollment numbers. CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless.
Day Tx-SA Program	% occupancy	75%	48%	Program Leadership continue to work with leadership of Shelter to decrease the likelihood that consumers are discharged with

Women's Shelter				the Shelter for rules violations and to increase likelihood that the Shelter Program staff can meet with consumers prior to these discharges to provide assistance with SA issues. Although they have had limited success, we will continue to utilize perks and incentives to encourage the consumers to stay (weekly bus passes if treatment is completed, perfect attendance certificates, etc.). CSS Leadership is reassessing services provided at the shelters to determine what will be most effective and plans to implement integrated behavioral healthcare in programs that serve the homeless.

* Target not met.

This section of the PI evaluation examines the accessibility of services provided to our consumers.

Table 3. Accessibility of Consumer Services

Program	Measurement	Target	Actual FY14	Actual FY15	Actual FY16
Day Tx -SA Program Jail Central	Average # Days Consumers are on the Waiting List	≤5	2.75	1.25	0
Day Tx-SA Program Men's Shelter	Average days to complete admission	≤2	*6	1.0	0
Day Tx-SA Program Women's Shelter	Average days to complete admission	≤2	1	2.0	0

* Target not met.

Analysis of Performance:

In FY16, all the SA Programs met the goal for Accessibility of Consumer Services.

This section of the PI evaluation examines satisfaction among consumers and stakeholders with the services provided.

Table 4. Consumer and Family Satisfaction with Consumer Services

Program	Target	Actual FY14	Actual FY15	Actual FY16
Day Tx -SA Program in Jail	85%	95.3%	97.3%	98%
Day Tx-SA Program Men's Shelter	85%	94.8%	94.8%	97.3%
Day Tx-SA Program Women's Shelter	85%	95.8%	94.8%	97.5%

* Target not met

Analysis of Performance:

The FY16 results for the programs exceed the target for consumer satisfaction.

Table 5. Stakeholder Satisfaction Survey (*2016 Community Partner Survey)*

Substance Use Services Results Analysis:

Pr*ograms and Services Surveyed:*

Substance Use Services is a program provided by the Prevention and Intervention Services Division of the Community Support Services Department. This program provides a range of services including effective mental health, developmental disability and substance use services in Jail Central and in the shelter system. The locations in the shelter system include the Men's Shelter of Charlotte, The Salvation Army Center of Hope Women's Shelter of Charlotte and Safe Alliance. For the purposes of this survey, this program was removed from the Prevention and Intervention Services Division analysis and assessed separately as part of a requirement for CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation.

Response Rate and Statistical Significance:

This is the first year Substance Use Services is included in the department's Community Partner Survey; therefore, there is no comparison data at this time. In 2016, 25 agency contacts responded to the survey.

Of 208 contacts surveyed as part of the Prevention and Intervention Services Division, this represents a 10 percent response rate. Because the sample size (n=25) is small, it is difficult to make conclusions about the satisfaction of the survey population with Substance Use Services' programming. Despite lacking in statistical significance, the data is useful to management to make decisions regarding service delivery and to address issues related to staff responsiveness.

Key Quantitative Results:

- In 2016, the results for this service are mixed but are generally positive. Of those responding to the survey, 100 percent agree the services provided are valuable in the community. However, 79.1 percent responded affirmatively to staff responding appropriately in sensitive situations. Likewise, 79.1 percent agreed to the statement of staff responding to inquires in a timely fashion.
- The customer satisfaction rate is 91.3 percent for 2016.
- Integrity is a *Guiding Principle* of the Prevention and Services Division. In 2016, 95.8 percent responded affirmatively to the statement of staff demonstrating integrity in his/her partnerships with the jail and/or shelter system.
- Likewise, Collaboration is a *Guiding Principle*. In 2016, 87.5 percent responded affirmatively to the statement that the relationship between the Substance Use Services staff and the jail and/or shelter system is collaborative. Similarly, the agencies that responded to the survey find the partnership is beneficial (95.4 percent.)

Key Qualitative Themes:

- This is a direct quote from the suggestions open-ended question. "Consider barriers to treatment for those…incarcerated, sex offenders and [who are] homeless when making referrals. The Jail SA program needs more bed space especially for [the] female population to meet the need."
- For the strengths open-ended question, the treatment program in the jail was identified as a strength of the community. A direct quote is, "When clients leave the program, they feel that they have a good start to their recovery. They have great tools to work with when dealing with day to day issues."

Table 6. consumer Complaints: FY 15/16

FY 15/16	Men's Shelter SU Services	Women's Shelter SU Services	Jail	Within 10 days	Complaints to LME/MCO
1st Qtr	0	0	0	NA	0

2nd Qtr	0	0	0	NA	0
3rd Qtr	0	0	0	NA	0
4th Qtr	0	0	0	NA	0
Total	0	0	0	0	0

In previous years, 100% of complaints were generated from clients accessing our residential program, which as stated in this introduction, is now with another agency. There are no systematic improvements recommended, nor follow-up required.

Table 7. Accessibility

The following serves as the Mecklenburg County Community Support Services (CSS) Accessibility Plan Assessment for fiscal year 2015-16. The purpose of this document is to provide a means to facilitate continual quality improvement in the area of accessibility.

TCSS is committed to providing an organizational setting that seeks to accommodate the needs of all consumers, employees, and stakeholders. Central to this commitment is the removal of architectural, attitudinal, employment, and other barriers that may impede full access to the services and programs of the organization.

This Accessibility Plan is developed in response to the CSS's internal evaluation of barriers through the use of facility inspections, assessments of need, and feedback from consumers, employees, and other stakeholders.

The Elements of the Accessibility Plan are as follows:

1. ARCHITECTURAL:

Architectural barriers have been identified through internal and external inspections, assessments of need, and employee, stakeholder and consumer feedback. Mecklenburg County Asset and Facilities Management and the Safety Committee provide ongoing monitoring of conditions within the organization that serves to improve access. The organization's leadership conducts long and short range planning meetings that routinely include assessment of architectural needs and related costs analysis.

2. ENVIRONMENTAL:

CSS believes that the environment in which services are provided reflect the culture and cultural customs of the consumers, and in addition are conducive to providing a comfortable and confidential setting for consumers and employees to achieve their highest potential.

3. ATTITUDINAL:

The organization seeks to reduce the stigma associated with persons who have mental illness, and substance abuse problems, and to promote their inclusion within the community.

4. FINANCIAL:

CSS, within in the structure of Mecklenburg County, seeks to support appropriate programming to provide support and resources to those consumers most in need.

5. EMPLOYMENT:

CSS strives to maintain a diverse workforce sensitive to the unique needs of consumers and representative of the community it serves. In addition, CSS strives to hire and maintain the highest of quality of employees available in the labor market.

6. COMMUNICATION:

CSS seeks to provide open channels of communication that allow consumers, employees, and stakeholders to access information that accurately represents the status of the organization's systems and outcomes. The Mecklenburg County Balanced Scorecard System is used by CSS to provide information regarding CSS to the Mecklenburg County Board of County Commissioners. In addition, CSS seeks to facilitate communication among consumers and employees, providing a basis for personal and professional growth, and well-being.

7. TECHNOLOGY

CSS seeks to utilize technology to gain efficiency, communicate information, and market the Department's services to staff, consumers and other stakeholders. The annual Technology and Systems Plan and assessment of the plan detail goals and progress made toward them.

8. TRANSPORTATION:

CSS seeks to ensure that consumers are not limited by a lack of personal transportation options or by options that may not accommodate their disabilities, and that transportation systems fully accommodate any community member seeking to access services.

9. OTHER AREAS:

In addition to the above specific accessibility goals and objectives, CSS is involved in many ongoing activities and procedures that enhance the accessibility of consumers, employees, and members of the community. Examples include personnel policies (employee climate survey, balanced scorecard measures, and exit interview process), ongoing outreach activities in all program areas, the utilization of consumer feedback/input processes such as satisfaction surveys, psychosocial assessments, and individual planning, participation in consumer advocacy groups, outcome studies, cultural competency education, and a multitude of other activities that directly facilitate the enhancement of accessibility.

ANNUAL REVIEW:

The Community Support Services Performance Improvement Council develops and approves a revised Accessibility Plan each year. The plan is reviewed and approved by the CSS Director, and is made available to consumers, employees, and stakeholders on the CSS website.

1. ARCHITECTURAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Develop architectural plan to relocate CSS staff from Carlton G. Watkins and Hal Marshall to Freedom Drive	CSS Administrative staff will be centrally located in one facility	Architectural Plan developed and approved	County Asset and Facility Management, CSS and County leadership	TBD/TBD	12/30/16 CSS SU Admin staff moved from Watkins to Hal Marshall

2. ENVIRONMENTAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Mecklenburg County Land Use and Environmental Services Agency (LUESA) Goals	Set up processes to meet LUESA Key Performance Indicator Goals for the CSS Department	A system is in place to capture data and report it to LUESA	TBD	none	6/30/2016

3. ATTITUDINAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Involve consumers in accessibility planning	Include annual review of the CSS accessibility plan on the CSS Client Rights Committee (CRC) agenda	CSS Client Rights minutes indicate the members reviewed the accessibility plan	Yvonne Ward	$50 CSS Admin Budget	1/30/16

4. FINANCIAL:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Medicaid Billing	Set up and maintain contract, credentialed staff and access to systems	Billing occurs timely and completely- Medicaid or IPRS funding per successful event	Christopher Stowe and Christine Payseur	Utilize existing CSS and billing staff	June 1, 2016

5. EMPLOYMENT:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Employ the best staff	Locate qualified people, have the ability to afford them, maintain staffing that is representative of the persons served	On average during the year have 90% of positions filled	Stacy Lowry	TBD	Average 90% of positions filled during FY16
Employee Longevity Recognition Event	Improve staff morale	Present years of services pins at CSS quarterly meetings	Stacy Lowry	TBD	6/30/16

6. COMMUNICATION:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Give consumers access to the CSS's county Key Performance Indicator Data (KPI)	Publish KPI outcomes for Substance Use Services in the CSS Consumer newsletter when it is published	KPI report in the newsletter and on the CSS External Website		$200 CSS Admin Budget	Fall 2016

Give consumers access to CSS news updates, including surveys	Publish Consumer newsletter twice a year, Spring and Fall on the CSS internet and intranet	Publish twice a year	Ginger Little	none	Fall 2015 Spring 2016

7. TECHNOLOGY:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Replace CSS staff PC's that are over 5 years old	Acquire and install faster and more reliable machines	TBD	IST staff	TBD County Funds	June 30, 2016

8. TRANSPORTATION:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
Monitor GPS in County Vehicles	Safety, locate vehicles easily, track usage	Safety and Compliance monitoring	CSS Department	Unknown	June 30, 2016

9. OTHER AREAS:

Goal	Objectives	Measure	Responsible	Cost/Source	Target/Status Date
NA					

Status updated 11/23/15

The Accessibility Plan has a number of incomplete projects. These are rolled into the plan for FY17.

CSS Annual Incident Analyses

FY 2015 / 2016

This year's report for Community Support Services is unique, in that this is the first year of reporting since the transfer of the Substance Abuse Services Center (SASC) to Anuvia, as the residential facility comprised of about 98% of previous year's incidents. Regarding the three Substance Use Programs, FY 15 resulted in a total of 10 incidents. FY 16 resulted in a total of 7 incidents, 6 of which were suspensions, and one was a death that was reported to us after the client had been discharged from services. There were no trends noted, nor follow-up required.

Table 9. Risk Analysis

In August 2016, the Substance Abuse Services leadership conducted a risk assessment. What follows are the items in each area given the highest score and strategies to mitigate issues identified.

	Focus Area	Weakness, Threat	Reduction Strategy
1.	Information Technology	Connectivity at Jail and Shelter Program Locations	Substance Abuse Services leadership indicated that Jail and Shelter staff attempting to utilize ECHO for documentation and billing as well as accessing Department and County drives, folders and websites often experience very slow load times and system crashes. When this topic was reviewed at the June PSO Management Team meeting it was announced by Information Technology staff that the Shelter Supervisor's CPU is in the process of being upgraded. It was also recommended that staff experiencing these issues submit work requests (clearly indicating when ECHO is involved) through the online MeckSupport IT Customer Support Center available on MeckWeb. Staff have been reporting, it has been a little more consistent since switching to Time Warner Cable. Because it's an outposted site, this is not unusual.
2.	Financial Stability	Impact of the dissolve of the PSO, and Cardinal Innovations ability to accurately separate the funding from SASC to other SU Programs.	Challenges have included the decision of Cardinal Innovations to discontinue the funding of SACOT service, and later altering this decision without making the options clear to all agencies. The length of time for the approval of SAIOP services impacted revenue flow. SU services may consider offering both SAIOP and SACOT.

3.	Health & Safety	Access to security officer	Substance Use services occur at a variety of locations, and services provided at the Men's Shelter, a non-county building, does not provide a security officer onsite. Leadership at this facility has changed, and it is hopeful that with this new FY, improved security will become a high priority. Meetings have occurred to discuss concerns as a community partner providing services for the homeless population at this site. As necessary the Safety Committee follows up regarding any trends with the individual(s) involved, reviewing policies for update, and reiterating the importance of reporting incidents.
4.	Buildings & Grounds	Climate control of buildings/pest control	The facilities that house Substance Use services are older buildings that have fairly inefficient systems of maintaining a steady temperature. In 2018, the administrative offices of CSS plan to move to a renovated site at Freedom Drive. The Men's Shelter staff report a problem with bugs, and with the new leadership, we are hopeful pest control will be a priority. Heath Department inspections have inspected. Transient individuals with all belongings increases the risk of infestation.
5.	Staff Conduct and Performance	Following Policy, Rules and Regulations	Supervisors have been reminded to review polices themselves for familiarity and application and to review updates and new policies with staff as the policies are distributed following approval. A limited number of individuals with SU credentials have applied for recent vacant positions. HR is assisting to resolve this by posting in a variety of common professional websites to attract qualified applicants.

6.	Succession Planning for Senior Leadership	Lack of a clear annual succession plan indicating the development of the person who would lead the Department if the current Director were incapacitated	Make succession plan development part of annual EPR for senior leadership.
7.	Stakeholder Input	Too few resources to address the needs of too many consumers	Identify gaps in services, seek funding and increase access to available community resources. "Advertise" the good work of the CSS. Continue utilization of the CSS Client Rights Committee for input regarding resource utilization. Utilize updated CSS Website to both provide and receive communication with stakeholders. Explore opportunities to advocate for increased funding for MH and SU services.

SUMMARY of PERFORMANCE IMPROVEMENT PROGRAM

Throughout the year, the staff implemented a number of improvement projects and activities. Some were clearly successful and some did not result in expected level of performance. For FY17, renewed emphasis will be applied to important activities that have not yet reached the targeted level of performance. In cases where performance levels meet the goals, ongoing monitoring will continue.

CSS SU Quality Improvement staff continues to work closely with SU Leadership, Managers and Staff to prepare for triennial accreditation surveys by the Commission on the Accreditation of Rehabilitation Facilities (CARF).